

**Application Data Sheet**

**Application Information**

|                                     |   |
|-------------------------------------|---|
| Application Type::                  | Regular   |
| Subject Matter::                    | Utility   |
| Suggested Classification::          |   |
| Suggested Group Art Unit::          |   |
| CD-ROM or CD-R?::                   | None  |
| Number of CD disks::                |   |
| Number of Copies of CDs::           |   |
| Sequence Submission?::              | None  |
| Computer Readable Form (CRF)::      | No  |
| Number of copies of CRF::           | 0   |
| Title::                             | ANTI-IDIOTYPIC ANTIBODIES OF<br>FIBROBLAST GROWTH FACTORS AND<br>THEIR USE AS MEDICAMENTS |
| Attorney Docket Number::            | 0508-1002   |
| Request for Early<br>Publication?:: | No  |
| Request for Non-Publication?::      | No  |
| Suggested Drawing Figure::          |   |
| Total Drawing Sheets::              | 6   |
| Small Entity?::                     | No  |
| Latin Name::                        |   |
| Variety Denomination Name::         |   |
| Petition Included?::                | No  |
| Petition Type::                     |   |
| Licensed US Gov't Agency::          |   |
| Contract or Grant Numbers::         |   |
| Secrecy Order in Parent<br>Appl.?:: | No  |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN  
Middle Name::  
Family Name:: PLOUËT  
City of Residence:: TOULOUSE  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 29, RUE NEULET  
  
City of Mailing Address:: TOULOUSE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-31400  
  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JACQUELINE  
Middle Name::  
Family Name:: JOUANNEAU  
City of Residence:: PARIS  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 21, RUE CHARCOT  
  
City of Mailing Address:: PARIS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-75013

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-PAUL  
Middle Name::  
Family Name:: THIERY  
City of Residence:: PARIS  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 16, RUE VAUDREZANNE

City of Mailing Address:: PARIS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-75013

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PIERRE  
Middle Name::  
Family Name:: SAVAGNER  
City of Residence:: SAINT-GREGOIRE  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 16, RUE DE CONDATE

City of Mailing Address:: SAINT-GREGOIRE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-35760

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE

Status:: Full Capacity  
Given Name:: BERNARD  
Middle Name:: ANDRÉ  
Family Name:: MALAVAUD  
City of Residence:: TOULOUSE  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 31, rue Jonquières

City of Mailing Address:: Toulouse  
State or Province of Mailing Address::  
Country of Mailing Address:: France  
Postal or Zip Code of Mailing Address:: F-31500

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Sylvie  
Middle Name::  
Family Name:: SORDELLO  
City of Residence:: Mortrabe  
State or Province of Residence::  
Country of Residence:: France  
Street of Mailing Address:: 10, lotissement La Rose des Vents

City of Mailing Address:: Mortrabe  
State or Province of Mailing Address::  
Country of Mailing Address:: France  
Postal or Zip Code of Mailing Address:: F-31850

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

|                                  |        |
|----------------------------------|--------|
| Representative Customer Number:: | 000466 |
|----------------------------------|--------|

**Domestic Priority Information**

|                 |                   |                      |                      |
|-----------------|-------------------|----------------------|----------------------|
| Application::   | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This applicatio | National Stage of | PCT/FR00/01952       | 7/6/00               |
|                 |                   |                      |                      |

**Foreign Priority Information**

|           |                      |               |                    |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| FRANCE    | 99/08779             | 7/7/99        | Yes                |
|           |                      |               |                    |

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::